



APEAS II

ADAPTED PHYSICAL EDUCATION ASSESSMENT SCALE

Student: _____
 DOB: _____
 CA: _____

Sex: _____
 Assessment Date: _____
 Assessed By: **Dan Cariaga**

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Perceptual Motor

1	Ocular Control		1-moves head 2-eyes dart 3-mvt jerky 4-no converge (Sum Total)
2	IP(Sum of Postures)		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 (1 point each correct - Max 15)
3	Balance L Open		Standing on left foot, arms crossed, eyes open (Total seconds - Max 90)
	Balance R Open		Standing on right foot, arms crossed eyes open (Total seconds - Max 90)
	Balance L Closed		Standing on left foot, arms crossed eyes closed (Total seconds - Max 90)
	Balance R Closed		Standing on right foot, arms crossed eyes closed (Total seconds - Max 90)
4	Alternate Hopping		# of rhythmic patterns in 10 sec, pattern: r-hop, r-hop, l-hop, l-hop (1 point per pattern)

Object Control

5	Hand Preference		R R R L L L
6	Throwing		3-hits target 2-hits wall below target 1-hits wall 0-does not reach wall 15 feet to an 18"x36" target; 5 trials (Max 15)
7	Throwing Quality		cross extension follow through weight shift hand consistency (1 pt each, Max 4)
8	Catching		3- ball caught by hands 2-ball trapped 1-attempts but misses 0-misses w/o attempt Grades K/1 from 10' Grades 2-5 from 15' (5 trials, points scored per trial - Max 5)
9	Catching Quality		tracks ball body position hand adjustments absorbs impact (1 point each, Max 4)
10	Foot Preference		R R R L L L
11	Kick Accuracy		3-hits target 2-hits wall below target 1-hits wall 0-does not reach wall in flight 15 feet to an 18"x36" target; 5 trials (Max 15)
12	Kick Rolling Ball		3-mature kick, able to adjust position 2- kicks in intended direction 1-makes contact in intended direction 0-misses ball 5 trials (Max 15)

Locomotor Skills

13	Running Form		4-long stride, flight, mature 3-emerging, limited arm opposition 2-limited flight, lacks consistency 1-no flight, limited arms, side to side movement 0- Unable to perform (Max 4)
14	Jumping Form		4- bilateral coordination good, absorbs impact 3-no forward lean, inconsistent 2-mvt labored, coordination lapses after 3 or 4 jumps 1-many inconsistencies 0- Unable to perform (Max 4)
15	Hopping Form		4-smooth, effortless 3-flat footed, no body lean or absorption 2-lack of balance, overuse of arms 2-limited forward motion, stops to re-establish pattern 0- Unable to perform (Max 4)
16	Galloping Form		4-brief flight, consistent lead foot, arms assisting 3-limited use of arms, lacks smooth integration 2-mvt mechanical 1-limited flight, sideways 0- Unable to perform skill (Max 4)
17	Skipping Form		4-reciprocal mvt w/arms & legs, smooth 3-lacks good rhythm 2-mvt disjointed, pattern inconsistent 1-pattern mechanical & inconsistent 0- Unable to perform skill (Max 4)

Physical Fitness

18	Flexibility		In straight leg, long-sitting position w/ heels touching wall, student holds ruler and slides it through hands, measure the distance at student's finger tips (score in inches to nearest 1/2 inch)
19	Agility Run		Timed Test: start ... run 15' pick up a bean bag ... run back place in 1 foot circle Repeat until 5 bean bags moved (Score in seconds)
20	Bent Knee Curl-Up		Total number of curl-ups that can be completed without stopping (# of completed curl-ups, Max 75)
21	Push-Up Position		Timed test, student in straight body push-up position with straight arms (Total seconds, Max 90)
22	Push-Ups		Test of upper body strength (un-timed—Max 75)
23	Endurance: Pacer		Two lines 20 meters apart, timed test using tape or CD (1 point for each lap as noted by tape)
24	BMI	Height	(Inches)
		Weight	(Pounds)

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BMI - From National Center for Health Statistics - National Center for Chronic Disease Prevention and Health Promotion (2003)



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 DOB: _____
 CA: _____ Dan Cariaga

Adaptive Behaviors for Physical Education Participation - Elementary Level

Score	Behavior	Domain
	Peer Interaction <input type="checkbox"/> 1 Requires occasional reminders in order to interact with peers <input type="checkbox"/> 2 Requires regular prompting to interact with peers <input type="checkbox"/> 3 Requires direct instructional assistance to interact with peers	Behavioral
	Fitness Level <input type="checkbox"/> 1 Occasionally needs a rest break <input type="checkbox"/> 2 Can complete 50% of the class activities without a rest break <input type="checkbox"/> 3 Requires frequent rest breaks	Motor
	Medical Condition: <input type="checkbox"/> 1 Is able to self manage medical condition <input type="checkbox"/> 2 Requires regular prompting to self-manage medical condition <input type="checkbox"/> 3 Requires direct assistance to manage medical condition	Medical
	Time, Equipment and/or Activity Modifications <input type="checkbox"/> 1 Requires <u>one</u> of the above modifications <input type="checkbox"/> 2 Requires <u>two</u> of the above modifications <input type="checkbox"/> 3 Requires <u>three</u> of the above modifications	Motor
	Understanding of Rules And/Or Strategies <input type="checkbox"/> 1 Is able to comprehend with minimal supports <input type="checkbox"/> 2 Requires regular prompting to participate appropriately <input type="checkbox"/> 3 Requires direct assistance to participate appropriately	Cognitive
	Behavior Prevents Participation in Group Activities <input type="checkbox"/> 1 Is able to manage behavior with minimal supports <input type="checkbox"/> 2 Requires regular prompting to self-manage behavior <input type="checkbox"/> 3 Requires direct assistance to manage behavior	Behavioral

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